	assistant and a second a second and a second a second and	
:1	PLACE OF BIRTH ARIZ	ONA STATE BOARD OF HEALTH
mber of each, in order of birth, stated.	District of	VITAL STATISTICS State Intex No. 104
	Town of Mauri ORIGINAL CEN	RTIFICATE OF BIRTH Co. Registrar No.
	or	Tullway .
	City of	St. Ward) ital or institution, give its NAME instead of street and number)
	2. Full name of child fran Margeus On	If child is not yet named, make supplemental report, as directed
	3. Sex of child ONLY in event of plural births. ONLY in order of birth.	6. Legitimate? Hes of June 8.192 (Month, day, year)
	8. FATHER Full name John Tarsfield Coniff	14. MOTHER Full maiden Grace Liene Higgins
	9. Residence (Usual place of abode) If nonresident, give place and State	15. Residence (Usual place of abode) If nonresident, give place and State
	10. Color or White, 11. Age at last pirthday 25 (Years)	16. Color or race White 17. Age at last birthday 2 2 (Years)
	12. Birthplace (city or place)	18. Birthplace (city or place)
	13. Occupation Nature of Industry Mining Engineer	19. Occupation Nature of Industry Maseurife
TING DI	20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.) (a) Born alive and now living	
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. 1 hereby certify that I attended the birth of this child, who was fund at 1:12 ft. m. on the date above stated. (Born alive or stillborn)	
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Address Address	
	Given name added from	un 27, 1920 B. W. Wards
	(Month, day, year) 136-608-280 Recistrar.	County Registrar.